

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/29/03.

I. DISPUTE

Whether there should be reimbursement for: office visits on 6/5/03 and 7/2/03, and for co-pays on two medications, Carisprodol and Hydrocodone received on 6/4/03 and 7/2/03. The respondent denied all medications per the Designated Doctors report dated 6/27/02.

II. RATIONALE

- Per the Designated Doctor report dated 6/27/02, "...there are no objective findings on physical examination, or from radiological investigations to justify this medication."
- No other medical documentation was presented for review.
- According to TWCC Act, 408.0041(e), 'The report of the designated doctor has presumptive weight' therefore, no reimbursement recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for office visits and medications.

The above Findings and Decision are hereby issued the 6th day of January 2004.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl.